

## STANDARD CERTIFICATE OF DEATH

State File No. **15091**

LED MAY 5 1953

BIRTH NO.		REG. DIST. NO. <b>240</b>		PRIMARY REG. DIST. NO. <b>4337</b>		Registrar's No. <b>12</b>	
1. PLACE OF DEATH a. COUNTY <b>NEW MADRID</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>NEW MADRID</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MARSTON</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MARSTON</b>		0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>No.</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) <b>JAM</b>		a. (First)		b. (Middle)		c. (Last) <b>WILLIAMS</b>	
4. DATE OF DEATH <b>APR 1 - 19 - 1953</b>		5. SEX <b>M. Y</b>		6. COLOR OR RACE <b>COLORED</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>July 23 - 1916</b>		9. AGE (In years last birthday) <b>37</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABOR</b>		11. BIRTHPLACE (State or foreign country) <b>ARK.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>HENRY WILLIAMS</b>		13b. MOTHER'S MAIDEN NAME <b>CARRIE DEAN</b>		14. NAME OF HUSBAND OR WIFE <b>UNK.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>No.</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>O. C. WILLIAMS, 4810 EVANS AVE, CHICAGO, ILL</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hit by car on truck on Highway 61, broken legs.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fractured Skull, Broken Left Arm.</b> DUE TO (c) <b>Left Arm.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>072 E8129 25</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident.</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 61.</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>New Madrid Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>April - 19 - 53 - 10:21 a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Hit by car on truck.</b>			
22. I hereby certify that I attended the deceased from _____, 19____, _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2:00 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Leo H. Hedges</b>				23b. ADDRESS <b>New Madrid, Mo.</b>		23c. DATE SIGNED <b>4/21/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/22/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sand Hill</b>		24d. LOCATION (City, town, or county) (State) <b>New Madrid, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-29-53</b>		REGISTRAR'S SIGNATURE <b>R. L. Ponder</b>		FEDERAL DIRECTOR'S SIGNATURE <b>Leo H. Hedges</b>		ADDRESS <b>New Madrid, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

30

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Enabler No. \_\_\_\_\_

working under my personal supervision.

**Student** .....  
**Student Embalmer**

### Student Embalmer

**Signed**

Licensed Embalmer No. 1000

**P. O. Address**

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**